



INSURANCE COMPANY APPOINTMENT FORM
OKLAHOMA INSURANCE DEPARTMENT
2401 NW 23rd St., Ste. 28, 73107 • PO Box 53408, Oklahoma City, OK 73152-3408

Please type and submit with the appropriate fee of \$40.00 per individual or agency.

All fees are deemed earned and non-refundable except in accordance with Oklahoma Administrative Code § 365:1-9-17.1.

Title 36 O.S. § 1435.15 (B): To appoint a producer as its agent, the appointing insurer, or an authorized representative of the insurer, shall file, in a format approved by the Insurance Commissioner, a notice of appointment within fifteen (15) days from the date the agency contract is executed or the first insurance application is submitted.

A copy of said written authorization shall accompany each notice of appointment filed by an authorized representative of the insurer.

NOTE: All appointments expire biennially, unless the license expires first. If a license expires, the appointment shall be terminated unless the license is renewed within ninety (90) days from the date of expiration.

NAIC No.:
Company FEIN:
Applicant Oklahoma License No.:
Applicant Social Security Number / FEIN:
Applicant Date of Birth (if Applicable):

MARK ALL LINES OF AUTHORITY THAT APPLY WITH AN "X" HERE ->

Table with 17 columns representing different lines of authority: PROPERTY & CASUALTY, LIFE, ACCIDENT, MOTOR, TRAVEL, CREW, PRRP, PREPAID, JOB, CREW, CRO, VEHICLE, AIRCRAFT, AGRICULTURE.

Lines of Authority Marked Must Match Application

Applicant's Name:

Mailing Address:

COMPANY ENDORSEMENT

- 1. Has this licensee been convicted of a felony? (If Yes, explain on a separate sheet of paper.) Yes [] No []
2. Has this licensee committed a violation of any State insurance law, or do you believe that licensee has violated or may be currently violating any such law? (If Yes, explain on a separate sheet of paper.) Yes [] No []
3. Is the Appointee a citizen of the United States? Yes [] No []
If No, of which country are they a citizen?
If No, have they provided proof of eligibility to work in the United States (front and back of Appointee's I-94 or visa card)? Yes [] No []
4. If applicable, provide the name and address of the General Agent or Agency through which licensee will be working.

5. I have investigated licensee's character and background, and am satisfied that licensee is trustworthy and qualified to represent our company in Oklahoma. Instructions on our policy forms and rates and the insurance laws of the State of Oklahoma have been given to the application. I hereby certify the above named licensee is duly appointed as indicated from the date received by the Insurance Department, assuming otherwise qualified and I accept full responsibility for licensee's actions, within the scope of licensee's employment with our company and without proof of errors and omission insurance.

Dated this _____ day of _____,

Admitted Company _____ Authorized Signature _____

Address _____ Name (Typed) _____

Title (Typed) _____

Check/Money Order # _____ Date of Check _____ for \$ _____

Remitter's Name _____

For Oklahoma Insurance Department Use Only:

Processed by _____

Dept. Date Stamp

[] Appointment effective _____

[] Disapproved because: [] License inactive. [] Not licensed for _____

[] Company endorsement incomplete and/or signature not authorized.

[] Other: _____